



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

FEB 14 2023

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to section 746 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116-283), "Extramedical Maternal Health Providers Demonstration Project," is enclosed. Section 746 requests the Secretary of Defense provide an annual report on an extra medical maternal health provider demonstration, which the Department has titled the Childbirth and Breastfeeding Support Demonstration (CBSD).

The CBSD offers continuous labor support and antepartum/postpartum support services from certified labor doulas, as well as breastfeeding support services from certified lactation consultants or counselors not otherwise TRICARE-authorized for all TRICARE-eligible beneficiaries receiving maternity services in private sector care, including active duty Service members. The CBSD began January 1, 2022, and is set to expire on December 31, 2026, with overseas implementation beginning January 1, 2025. The Department intends to use the results of the CBSD evaluation to determine the appropriate course of action for these providers' services under long-term TRICARE policy. CBSD provider network growth and participation are still in the very early stages. This annual report provides early information on implementation progress and participation in the CBSD. There is not yet information available regarding costs, clinical outcomes, provider effectiveness, or recommendations for future policy.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending a similar letter to the House Armed Services Committee.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Roger F. Wicker
Ranking Member



UNDER SECRETARY OF DEFENSE
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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

FEB 14 2023

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

Report to Congressional Armed Services Committees



Extra Medical Maternal Health Providers Demonstration Project

February 2023

Preparation of this study/report cost the Department of Defense a total of approximately \$3,200.00 for the 2022 Fiscal Year. This includes \$3,200.00 in DoD labor.

RefID: 7-F2AA707

1) Introduction:

This report summarizes early findings of the demonstration project mandated by section 746 of the William M. (Mac) Thornberry National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2021 (Public Law 116–283), which requests that the Secretary of Defense establish a 5-year demonstration project to evaluate the cost, quality of care, and impact on maternal and fetal outcomes of using extra medical (i.e., non-medical) maternal health providers under TRICARE to determine the appropriateness of making coverage of such providers permanent. The NDAA for FY 2021 required an initial report on implementation of the demonstration (which was submitted by the Department of Defense (DoD) on August 26, 2022) and annual reports due beginning 1 year after the start of the demonstration. All mandated reporting elements are addressed in this report to the fullest extent possible. However, because this report is being drafted during the first year of implementation, the data available is limited. These limitations will be addressed in greater detail later in the report.

2) Background:

The DoD implemented the congressionally-mandated extra medical maternal health provider demonstration through a Federal Register notice (FRN) published on October 29, 2021 (86 Federal Register (FR) 60006). The demonstration project was titled the Childbirth and Breastfeeding Support Demonstration (CBSD). The CBSD added as authorized providers certified labor doulas (CLDs), who meet certain requirements, with up to six antepartum or postpartum visits covered, plus one episode of continuous labor support. The services of certified lactation consultants and certified lactation counselors not otherwise TRICARE-authorized (collectively “LCs”), but who meet certain requirements, are also covered for up to six total prenatal or postnatal breastfeeding counseling visits per birth event. The CBSD also added coverage of group breastfeeding counseling sessions (to include prenatal breastfeeding classes) by a CBSD LC or another TRICARE-authorized provider, to be included in the six total visit allowance.

The effective date for services covered under the CBSD is January 1, 2022, as mandated by the NDAA for FY 2021. However, due to the complexity of the CBSD, TRICARE’s regional health care contractors, HealthNet Federal Services and Humana Military, required 5 months to fully implement the demonstration, a period which continued through April 2, 2022. It was not feasible to have the regional contractors accelerate implementation because of the novel nature of the demonstration; that is, no large health insurers cover doulas or lactation counselors and only a few cover lactation consultants who are not also registered nurses (RNs). To carry out the demonstration, the regional contractors had to not just build networks from scratch but also train these non-medical personnel on how to qualify as a TRICARE-authorized provider and how to file claims for reimbursement, on TRICARE program requirements such as balance billing, and on other requirements that come with being a provider under a health benefit program. Due to these complexities, few services were provided in the initial months of the CBSD, and some services that were provided may not yet be included in claims data.

Congress described annual reporting expectations, which included reports on the cost of the demonstration and its cumulative effectiveness at improving the maternal and fetal outcomes

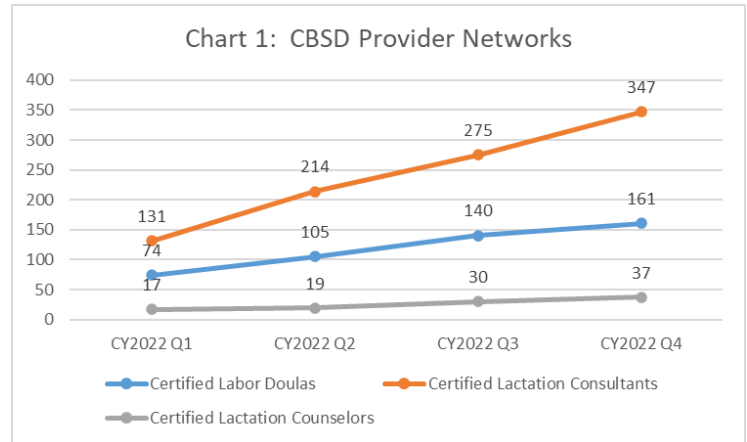
of TRICARE beneficiaries. Reports are expected each year on or by the anniversary of demonstration commencement (January 1, 2022); this report will meet the first of these requirements. Each report must address, at minimum, the following matters:

- A. The number of covered beneficiaries enrolled in the demonstration.
- B. The number of enrolled covered beneficiaries who have participated in the demonstration.
- C. The results of the required survey.
- D. The cost of the demonstration.
- E. An assessment of the quality of care provided to participants in the demonstration.
- F. An assessment of the impact of the demonstration on maternal and fetal outcomes.
- G. An assessment of the effectiveness of the demonstration.
- H. Recommendations for adjustments to the demonstration project.
- I. The estimated costs avoided as a result of improved maternal and fetal outcomes due to the demonstration project.
- J. Recommendations for extending the demonstration project or implementing permanent coverage under the TRICARE program of extra medical maternal health providers.
- K. An identification of legislative or administrative action necessary to make the demonstration project permanent.

3) Discussion:

These demonstration results are based primarily on claims data through July 31, 2022. These early results may not be representative of the CBSD results over the long-term, as there is considerable overlap between implementation and the data collection period. During this period, several activities were occurring simultaneously, two of which significantly impacted the results included in this report. First, potential CBSD providers had just learned of the requirements to participate in the demonstration. As we discussed in the implementation report, with no nationwide standards or state licensing boards to depend on for qualification of the providers under study, the DoD had to develop its own provider requirements. Interested providers had no way of knowing what those qualifications would be until the FRN published shortly before the CBSD began. While some providers already met DoD's criteria, many needed to engage in continuing education and other work to become eligible; not all interested providers were able to be qualified as TRICARE-authorized providers when the CBSD began on January 1, 2022. Second, as the demonstration started, TRICARE's regional contractors were just starting to recruit providers and verify their credentials. The regional contractors were also conducting provider education to make sure interested providers understood the requirements of the TRICARE program and, in some cases, how to fill out and submit a claim. These two factors impacted the number of providers available at the start of the demonstration and the speed with which new providers have become available to TRICARE beneficiaries and have begun to submit claims.

That being said, the number of providers has increased throughout 2022, and the DoD anticipates that this growth will continue as new providers become qualified and decide to participate in the CBSD. The number of providers qualified to provide services to TRICARE beneficiaries by the regional contractors (both network and non-network) increased from 222 in the first quarter of calendar year (CY) 2022 to 545 by the end of the CY. As TRICARE’s regional contractors continue to qualify both network and non-network providers, beneficiaries will have increased access to care under the demonstration. The DoD expects more robust data will be available for future reports.



A. The number of covered beneficiaries enrolled in the demonstration.

The number of enrolled covered beneficiaries is equivalent to the number of beneficiaries who participated in the demonstration (see paragraph 3.B.). The traditional enrollment process did not meet the needs of the beneficiary population under study in the CBSD, as was discussed in DoD’s implementation report for this demonstration. Beneficiaries most likely to benefit from the CBSD are those who are the most vulnerable, to include those giving birth alone with few support resources or those who have recently given birth and have an infant they are unable to breastfeed. Requiring proactive enrollment risked skewing the results of the demonstration because beneficiaries who are more involved in their own health care would be more likely to be able to navigate administrative issues surrounding a proactive enrollment process. Instead, the DoD considers a beneficiary enrolled in the demonstration when a claim is received for services under the CBSD. That is, enrollment is automatic.

B. The number of enrolled covered beneficiaries who have participated in the demonstration.

The total number of unique beneficiaries who have participated in the demonstration thus far is 418. This includes services received by active duty Service members (ADSMs), active duty family members (ADFMs), and retirees and their family members (referred to as non-active duty dependents or NADDs). One ADFM during this period received services under both parts of the demonstration (i.e., breastfeeding and childbirth support services).

Beneficiary Category	Breastfeeding Support Services	Childbirth Support Services	Total Unique Beneficiaries
ADSMs	58	4	62
ADFMs	226	29	254
NADDs	97	5	102
Total	381	38	418

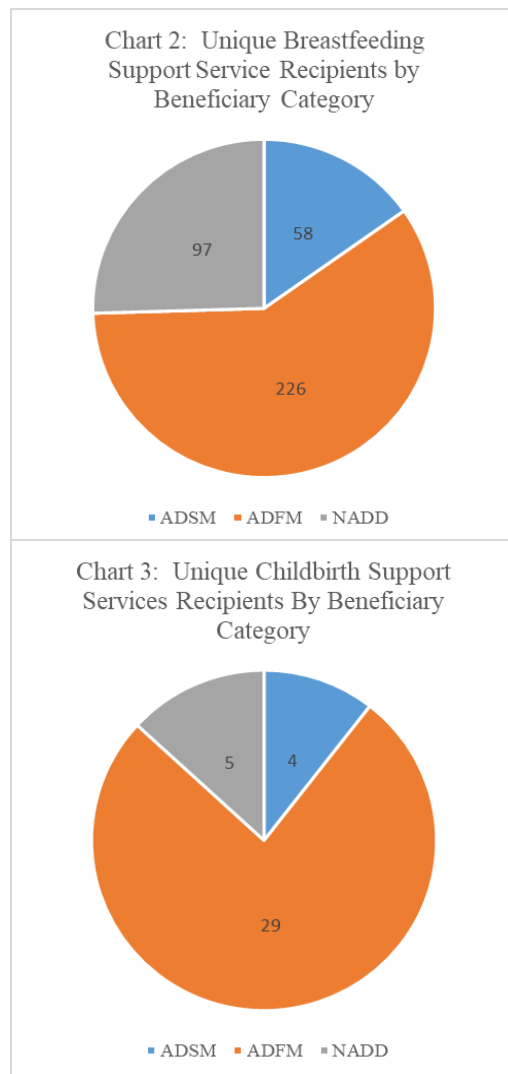
Table 1: Unique CBSD Participants by Beneficiary Category

A total of 688 breastfeeding support services were provided to 381 individual beneficiaries (Current Procedural Terminology (CPT) codes 99401 through 99404, 99411, and 99412). This included 319 individual and 289 group breastfeeding counseling sessions with the new LCs, and 80 group breastfeeding counseling sessions with providers who are already TRICARE-authorized (primarily RN lactation consultants). Most often breastfeeding support was billed in 60-minute increments (CPT 99404 for individual sessions and 99412 for group sessions). Breastfeeding support services can be for either prenatal or postnatal visits, meaning some users gave birth in CY 2021 and some had yet to give birth when the claims were submitted.

The TRICARE Program reimbursed antepartum or postpartum use of a CLD under CPT code 99509 a total of 79 times. Continuous labor support under CPT code 59899 was reimbursed 11 times for 11 different beneficiaries during the initial assessment period. Of 38 beneficiaries who used at least one childbirth support service, 24 had given birth (63 percent) during the period of claims the DoD examined; beneficiaries in the middle of their pregnancy may still have a continuous labor support encounter that was not reflected in the data at the time of analysis.

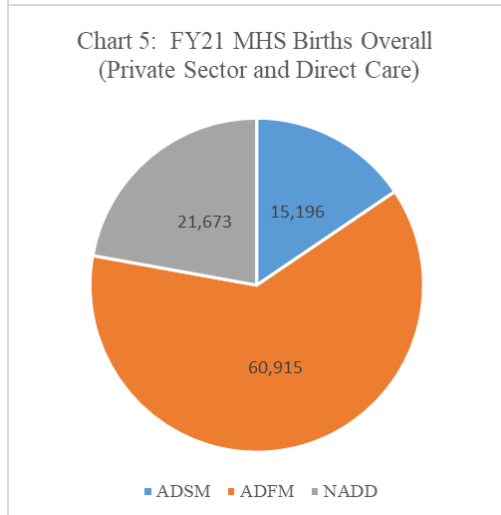
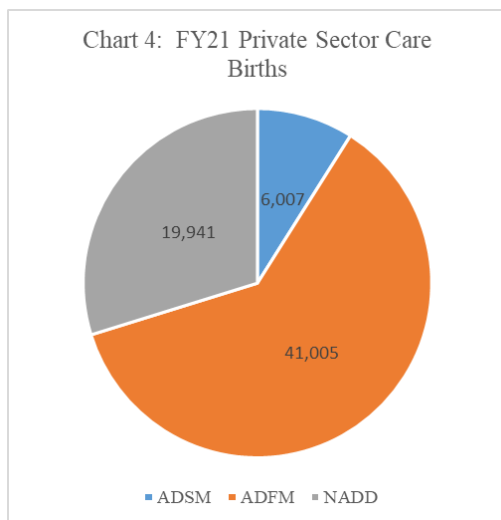
The low number of childbirth support services is expected given the lack of qualified providers at the start of the demonstration, and that many patients contract with a doula well ahead of the delivery. Delays in providers meeting CBSD requirements and getting qualified by the regional contractors, along with a substantial learning curve for both the providers and regional contractors in billing and reimbursing for these types of claims, likely contributed to the low early numbers.

The DoD compared usage rates of CBSD services with beneficiaries who gave birth in FY 2021 to determine if usage of CBSD services by any particular category of beneficiary was inconsistent with the percent of beneficiaries in the population of beneficiaries who give birth. In particular, the DoD has heard concerns that ADSMs are not fully eligible for the CBSD services. An examination of the data, however, suggests that use of CBSD services is largely consistent with the rate at which each type of beneficiary gives birth in the Military Health System (MHS).



Beneficiary Category	FY 2021 Private Sector Care Births	FY 2021 Direct Care Births	Total FY 2021 Births
ADSMs	6,007	9,189	15,196
ADFMs	41,005	19,910	60,915
NADDs	19,941	1,732	21,673
Total	66,953	30,831	97,784

Table 2: FY 2021 Births in the MHS



In FY 2021, ADSMs accounted for 9 percent of private sector births and 16 percent of total MHS births (direct care births at military medical treatment facilities and private sector care births), which is largely consistent with rate of ADSM use of CBSD services (15 percent for breastfeeding support services and 13 percent for childbirth support services). NADDs, on the other hand, appear to be slightly underutilizing CBSD services. The NADD population accounted for 30 percent of private sector care births and 22 percent of MHS births overall in FY 2021, but only 25 percent for breastfeeding counseling and 13 percent for childbirth support services under the CBSD. ADFMs have the largest number of MHS deliveries, accounting for 61 percent of births in private sector care and 62 percent of direct care births. ADFM use of CBSD services is consistent with expected levels for breastfeeding counseling (59 percent) and high for childbirth support services (76 percent). Early usage patterns, despite a few minor deviations are, thus far, largely consistent with what is expected given the percentage of births by each beneficiary category. However, we have not evaluated differences for statistical significance so our ability to draw conclusions is limited.

Overall, the CBSD service use in these first few months of full execution is at its expected low. Of the estimated 58,000 births under TRICARE coverage from January 1, 2022 through July 31, 2022, less than 2

percent utilized breastfeeding support services and less than 0.5 percent used childbirth support services. While the hope is that beneficiaries will take advantage of having covered access to CLD and LC services, those who choose not to utilize these services will provide a control comparison when maternal and fetal health outcomes are analyzed.

C. The results of the required survey.

The DoD received approval from the Office of Management and Budget for the mandated beneficiary survey on August 30, 2022. This survey began distribution following its approval, with the survey administered via email to all beneficiaries who gave birth under the MHS (except for U.S. Family Health Plan and TRICARE for Life beneficiaries). Scheduled survey administration will continue throughout the remainder of the demonstration and results will be included in future reports. Results are not available for this report.

D. The cost of the demonstration.

In the first seven months of CY 2022, the amount paid by TRICARE for childbirth support services was \$13,023.00, and the amount paid for breastfeeding support services was \$34,089.00. LCs were reimbursed \$25,741.00 for individual breastfeeding counseling and \$5,295.00 for group breastfeeding counseling, and other providers (primarily RNs) were reimbursed \$2,409.00 for group breastfeeding counseling. Not included in the listed amounts are individual breastfeeding support services by providers such as RN-lactation consultants because those services are covered under the existing TRICARE Basic benefit for breastfeeding support.

CPT Code	Service	Total
59899	Continuous Labor Support	\$8,967.00
99509	Doula antepartum/postpartum	\$4,056.00
99401	Individual lactation support, 15 min	\$389.00
99402	Individual lactation support, 30 min	\$2,273.00
99403	Individual lactation support, 45 min	\$633.00
99404	Individual lactation support, 60 min	\$22,446.00
99411	Group lactation support, 30 min	\$13.00
99412	Group lactation support, 60 min	\$8,334.00
		\$47,111.00

Table 3: Demonstration Costs by CPT Code January 1, 2022 through July 31, 2022

While these numbers are significantly below our estimated costs for the demonstration, they are expected to increase as claims are filed, the demonstration progresses, awareness grows, and the TRICARE provider networks of CLDs and LCs expand, all of which will contribute to more beneficiaries accessing childbirth and breastfeeding support services.

E. An assessment of the quality of care provided to participants in the demonstration.

Recruiting LCs and CLDs for provider networks under TRICARE is an ongoing effort. The number of providers available to fulfill breastfeeding and childbirth support services for TRICARE beneficiaries is on the rise and continued growth is expected. This network will be closely monitored, as this is clearly an important variable in demonstration evaluation.

F. An assessment of the impact of the demonstration on maternal and fetal outcomes.

Information regarding the CBSD's impact on maternal and fetal health outcomes will be available in future reports. Claims data and survey responses will be used to evaluate this impact.

G. An assessment of the effectiveness of the demonstration.

Information regarding the CBSD's impact on effectiveness will be available in future reports. Claims data and survey responses will be used to evaluate this metric.

H. Recommendations for adjustments to the demonstration project.

The Department does not recommend adjustments to the CBSD at this time. The DoD continues to assess provider networks, beneficiary utilization, provider and beneficiary inquiries, and other feedback regarding the demonstration. The DoD is mindful of concerns raised by beneficiaries and their advocates, who are eager for access to services; however, the CBSD is a complex demonstration that must be administered carefully. The initial year or 2 years of the demonstration are largely working to operationalize a potential novel benefit for the TRICARE Program. Too frequent alterations risk undermining the CBSD findings.

I. The estimated costs avoided as a result of improved maternal and fetal outcomes due to the demonstration project.

Information regarding the CBSD's costs or cost avoidance will be available in future reports, based on claims data.

J. Recommendations for extending the demonstration project or implementing permanent coverage under the TRICARE program of extramedical maternal health providers.

The DoD has no recommendations regarding extension of the CBSD or permanent implementation of coverage under the Basic benefit at this time.

K. An identification of legislative or administrative action necessary to make the demonstration project permanent.

The DoD has no recommendations regarding legislative or administrative action needed to make CBSD permanent under the Basic benefit.

4) Conclusion:

This report is intended to meet requirements set forth in section 746 of the NDAA for FY 2021 calling for progress reports "no later than one year after the date on which the demonstration commences, and annually thereafter for the duration of the demonstration." Due to the early time point within this 5-year project, much of the information necessary to fully elucidate required reporting elements is not yet known. DoD anticipates increased beneficiary participation that will be reflected in future annual reports. Likewise, survey results will provide better insight into demonstration use, provider quality, and demonstration effectiveness.